



AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

Dr. Everett B. Kelley
National Secretary-Treasurer

J. David Cox, Sr.
National President

Jeremy A. Lannan
NVP for Women & Fair Practices

December 5, 2019

Dear Chairman Takano, Ranking Member Roe and Members of the Committee:

On behalf of the American Federation of Government Employees, AFL-CIO (AFGE), which represents approximately 700,000 federal and District of Columbia government employees in 70 agencies, including 260,000 employees of the Department of Veterans Affairs (VA), I write to express opposition to H.R. 3495, the "Improve Well-being of Veterans Act," and to urge the Committee to instead support Chairman Takano's Amendment in the Nature of a Substitute (ANS) to H.R. 3495.

As written, AFGE strongly opposes H.R. 3495, the "Improve Well-Being of Veterans Act." This legislation would allow private entities to receive funding from the VA to provide clinical care to veterans without any coordination or accountability to the VA. Outsourcing clinical care services for veterans at risk of suicide through this proposed grant program will undermine veterans' well-being, not improve it. The most appropriate source of clinical care for at-risk veterans is the VA's world-class health care system, including its highly regarded telemental health program and its Community Care Network (CCN).

Under H.R. 3495, clinical care provided by grantees would be fragmented and lack the specialization, provider competency, coordination and accountability of care provided through the VA. There would be a lack of fiscal controls and it would be unprecedented to fund clinical care for veterans without any prior authorization from the VA. There are two major areas of concern. First, the maximum grant amount is left totally up to the discretion of the Secretary of Veterans Affairs. This could allow a large national organization to exert significant influence in the grant selection process in order to receive a large share of the grant funds even if it would better serve veterans to allocate grants to a greater number of small community-based organizations. Second, the bill does not require grant recipients to disclose how grant funds are used. As written, grant funds can be used for large CEO salaries and other indirect costs instead of direct services to veterans and neither Congress nor the public will be able to determine if funding is being used appropriately.

Finally, absent from the list of entities who the Secretary shall consult under this bill are the labor representatives, the VA employees who are on the front lines every day providing clinical care and wraparound services to veterans. More than one-third of the VA workforce is comprised of veterans, including many who use VA health care themselves. Their unique expertise, personal perspective and their ability to hold the VA accountable for mismanagement make them and their labor representatives essential to any grant oversight group.

AFGE urges you to support Chairman Takano's ANS

AFGE supports Chairman Takano's ANS to H.R. 3495 to establish a grant program for at-risk veterans. It would fund a wide array of non-clinical services while prohibiting the use of any funds on clinical care or cash assistance. The VA's telemental health program and CCN should be the sources of clinical care for all veterans, and we should work together to ensure that more veterans use and are eligible for VA



health care services. Similarly, cash assistance is already available when appropriate through community-based programs that already have proven track records with the VA.

Chairman Takano's ANS encourages more effective allocation of grant dollars and provides safeguards against misuse of grant funds. It would set a dollar cap on first year and second year grants, and would require organizations to have matching funds, which is a valuable screening tool for identifying entities with a strong financial track record. Grant applicants would also be required to specify the amount of grant funds available to community partners and the financial controls that will be put in place to track the expenditure of grant funds. The ANS includes critical reporting requirements regarding the use of funds for executive compensation, overhead costs and other indirect costs. Labor representatives who are front line VA employees are also included as participants in the advisory group that would consult with the Secretary and other entities and stakeholders on administration of the grant program and services to veterans.

AFGE urges you to oppose Ranking Member (RM) Roe's Amendment #1

AFGE strongly opposes the Roe Amendment #1 because, like H.R. 3495 as currently written, it would allow the use of grants to provide clinical services to at-risk veterans. Outsourcing clinical care services for veterans at risk of suicide through this proposed grant program will undermine veterans' well-being, not improve it. The most appropriate source of clinical care for at-risk veterans is the VA's world-class health care system, including its highly regarded telemental health program and its CCN.

Clinical care provided by grantees would be fragmented and lack the specialization, provider competency, coordination and accountability of care provided through the VA. It would be unprecedented to fund clinical care for veterans without any prior authorization from the VA. This amendment also fails to impose the strong fiscal controls on grantees that would be in place under the ANS. Most significant, grantees would not be required to disclose the amount of grant funds that were diverted from direct services to executive compensation and other indirect costs.

AFGE urges you to oppose RM Roe's Amendment #2 - Matching Funds

The Roe Amendment #2 would weaken an important fiscal requirement in the Takano ANS that ensures that grantees are on strong financial footing and have community support. The ANS requires a fixed amount of matching funds in year one and a higher fixed amount in year two. In contrast, this amendment would give the Secretary unfettered discretion to require any matching funds and if so, without any fixed amount. This would be a missed opportunity to better determine if grantees are well positioned financially and able to provide needed services to at-risk veterans.

AFGE urges you to oppose RM Roe's Amendment #4 - Clinical Care

The Roe Amendment #4 would undermine critical VA care coordination, duplicate VA services and divert veterans to a grantee-run mental health care system of unknown quality that is not at all accountable to the VA. The amendment would completely undermine the prohibition against the use of grant funds to provide clinical care in the Takano ANS.

The Roe Amendment #4 would allow grantees to provide clinical services to treat emergent care. Although "emergent care" is not defined in the amendment, it suggests that the grantees themselves would provide emergency services. This would allow grantees who have no expertise in emergency

medicine to treat veterans in need of mental health services. The VA already provides ample emergency room care benefits through its own emergency rooms, urgent care facilities and CCN emergency rooms and statutory reimbursement arrangements with non-VA emergency rooms.

The Roe Amendment on clinical care would also allow grant funds to be used for mental health and behavioral health care services “when the Secretary determines it is clinically appropriate” regardless of whether VA or its CCN is available to provide this care. In addition, care provided under this exercise of Secretary discretion would also be fragmented and lack coordination with the VA. This provision completely duplicates the mental health services already provided within the VA’s own health care system and CCN – an inefficient use of VA’s limited funding. For these reasons, AFGE strongly opposes the Roe Amendment #4 to the ANS.

AFGE urges the Committee in the strongest possible terms to oppose H.R. 3495 and support Chairman Takano’s ANS to the bill. AFGE stands ready to work with the Committee to identify the most effective, least risky ways to fill existing gaps in direct care and wraparound services for veterans. The VA is the nation’s leader in telemental health, and it can do more to increase use of its unique services to veterans who face challenges coming to VA facilities. The VA’s Vet Centers have a long history of working with strong community-based organizations to reach out to isolated at-risk veterans. VA mental health professionals and researchers already work with other experts to identify and address barriers that keep veterans from seeking care at the VA; with the help of well-managed community-based outreach groups, they can do more.

For additional information or questions, please contact Marilyn Park at mpark@afge.org or 202-639-6456.

Sincerely,

A handwritten signature in black ink that reads "Alethea Predeux". The signature is fluid and cursive, with the first name "Alethea" and last name "Predeux" clearly distinguishable.

Alethea Predeux
Legislative Director